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FRACTURES OF THE HUMERUS.

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[Concluded from page 378.]

§ 10. *Fractures of the External Condyle.*

Causes.—All of the fractures (14) which I have seen of the external condyle occurred in children under thirteen years of age, except one; in which instance a woman, eighty-eight years of age, fell upon her elbow while intoxicated, breaking off the outer condyle. Two months after the accident I found the fragment displaced half an inch upward, and firmly united.

In a large majority of these cases the patients themselves have affirmed, and the surface of the skin has furnished conclusive evidence, that the fracture was produced by a direct blow, generally by a fall upon the elbow.

Line of Fracture, Displacement and Symptoms.—The direction of the fracture is generally such that, commencing always above and without the capsule, it descends obliquely and enters the joint either just within or through the "small head" or articulating surface upon which the radius is received; or else it penetrates more deeply in its progress, and passing through the olecranon fossa, it enters the joint through the middle of the trochlea.

In the first of these classes of examples, which I think also is the most common, the condyle alone is broken off, and it is liable only to become displaced backward, forward or outward; generally, I have found it displaced a little outward, sufficiently to increase manifestly the breadth of the condyles; or it has been carried backward; once slightly forward; it is also, in some cases, carried upward in a small degree, although the action of the supinators and extensors would seem to render a downward displacement more common. None of these displacements are usually considerable, and in a few cases there is no displacement at all. Whatever may be the direction or degree of the displacement, how-

ever, the head of the radius is found almost always to accompany it. In the case which I am about to relate, the head of the radius became completely separated from the condyle.

Frederick Keaffer, set. 11, fell from a load of hay, and he is confident that he struck the ground with the back of his elbow. Six hours after the accident, he was brought to me by the physician who was first called to him. The arm was much swollen, and the external condyle could not be distinctly felt, but when pressure was made directly upon it, crepitus and motion became manifest. The head of the radius was at the same time dislocated backward, and separated entirely from the condyle; its smooth button-like head being very prominent. It is difficult to conceive how a blow from behind should leave the head of the radius dislocated backward, or how the radius could have separated from the broken condyles; but as the examination was repeated several times, and while the patient was under the influence of ether, I have no doubt of the fact. Several other surgeons who were present concurred with me in opinion fully.

While prosecuting the examination, I reduced the dislocation separately, but it would not remain in place a moment when pressure or support was removed. The lad recovered with a very useful arm, the motions of flexion and extension, with pronation and supination, after the lapse of a year, being nearly as complete as before the accident. The radius remains unreduced.

Sometimes it will be noticed that while the portion of the condyle which is attached to the radius falls backward, its upper and broken extremity pitches forward; and this attitude it is especially prone to assume when the forearm is extended.

It is even possible, when the fracture traverses the trochlea, for the ulna also to become displaced backward along with the radius and the lesser fragment.

Crepitus, which is usually very distinct, is most easily obtained by rotating the radius, or by seizing upon the condyle with the thumb and fingers, and moving it backward and forward.

Results.—Ordinarily, these fragments unite promptly and by the interposition of a bony callus; but in a few cases, I have noticed that either no union has occurred, or the union has been accomplished only through the medium of the fibrous structure, and the fragments continue afterward to move with the radius.

As a consequence, probably, of the displacement of the lesser fragment upward, the forearm, when straightened, is occasionally found deflected to the radial side. The surgeon must not, however, confound the deflection which is natural, and which is greater in some persons than in others, with the unnatural radial inclination which is occasioned sometimes by this accident. I have met with this phenomenon three times, in children under three years of age, in one of which I could not discover that the condyle was carried toward the shoulder, but only outward; in each of the other cases

the fragment had united by ligament. The following is one of the examples referred to.

A girl, aet. 3, fell and broke the external condyle of the left humerus; fracture extending freely into the joint; crepitus distinct; forearm slightly flexed; prone. Lesser fragment displaced outward and a little backward, carrying with it the radius. On the second day I was dismissed, on account of the unfavorable prognosis which I gave, or rather because I refused to guarantee a perfect limb, and an empiric was employed, who readily gave the requisite guarantee, namely, his word of honor.

July 2, 1857, several months after the accident was received, the father brought her to me for examination. There was no ankylosis, but the lesser fragment had never united, unless by ligament, moving freely with the head of the radius. When the forearm was straightened upon the arm, it fell strongly to the radial side, but resumed its natural relation again when the elbow was flexed.

The two other examples are reported at length in the second part of my Report on Deformities after Fractures, as Cases LVII. and LIX. of fractures of the humerus.

In one other example, however, mentioned also in my Report as Case LVI., the deflection was to the opposite side. I examined the lad one year after the accident, he being then five years old, and I found the external condyle very prominent, and firmly united, but not apparently displaced in any direction except outward. The radius and ulna had evidently suffered a diastasis at their upper ends, but all of the motions of the joint were free and perfect.

Dorsey* speaks of this lateral inclination as being always to the ulnar side, but does not indicate to what particular fracture of the elbow it belongs. He has also described a splint, contrived by Dr. Physick, intended to remedy the deformity in question.

Chelius also speaks of the same deformity as occurring after fractures of the internal, but does not mention it in connection with fractures of the external condyle, that is, an inclination of the forearm to the ulnar side.

In more than half of the cases of fracture of this condyle some degree of ankylosis has resulted, lasting at least several months. I have seen it remaining after a lapse of from one to twenty years, but then it generally gradually diminishes, and in a majority of cases completely disappears after a few years.

Treatment.—I do not know that I need to add much to what has already been said in relation to the treatment of fractures of the opposite condyle, and at the base of the condyles, since the measures applicable to the one are, in general, applicable to the other.

Generally, the forearm ought to be flexed upon the arm, espe-

* Elements of Surgery, by Philip Syng Dorsey, Phila. Ed., 1813, vol. i., p. 146.
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cially to overcome the usual tendency in the upper end of the lower fragment to pitch forward, and which form of displacement is greatly increased by straightening the arm. A remarkable exception to this rule, and the only one I have seen, must be mentioned.

James Cronin, aged 6, was brought to me in March, 1857, having fallen from a height of four or five feet to the ground. He was immediately brought to me. His father said it had been broken once before at the same point, two years ago, and then the elbow had always remained stiff and crooked. I found the external condyle broken off, and, with the head of the radius, carried backward. This was the position which it occupied constantly, but it was easily restored and maintained in position when the arm was straight, but not by any possible means when the elbow was flexed. I dressed the arm therefore in an extended position, with a long felt splint, and the fragments remained well in place until a cure was accomplished.

In certain examples I have no doubt also that advantage might be derived from the use of Physick's splint, intended to obviate the outward or inward inclination of the forearm.

It is especially deserving of notice that in the three cases in which I have observed bony union to fail, and the fragments to continue movable, the motions of the elbow joint have, in a very short time, been completely restored. If it does not prove that Granger was correct in his views as applied to fractures of the internal epi-condyle, namely, that it was of little or no consequence whether the fragment united or not, and that the elbow joint ought to be submitted to free motion from the beginning to the end of the treatment—if it does not absolutely prove, I say, the correctness of his views, it at least must abate our apprehensions of the supposed evil results of non-union in the case of the fracture now under consideration.

I shall take the liberty of quoting also, with a qualified approval, the opinion of Dr. John C. Warren of Boston, as stated by Dr. Norris in his Report on Surgery, made to the American Medical Association in 1848.

"In the treatment of fractures of the condyles of the os humeri, a course is usually recommended which he believes to be hurtful, inasmuch as it favors the worst consequences of the injury, namely, loss of motion in the joint. By this mode of treatment, the fractured piece becomes sufficiently fixed to create partial ankylosis; and there is so much pain afterward in the proposed passive movements, as to cause the omission of these measures, until permanent stiffness takes place. The proper course in the management of these accidents he conceives to be—1st, To apply no splints, but in the earlier days to make use of the proper means to prevent inflammation. 2d, To accustom the patient to early and daily movements of flexion and extension. 3d, When the action of the joint becomes limited, to overcome the resistance by

force, and repeat it daily, until the tendency of the joint to stiffen ceases.

"The accomplishment of this process, he adds, is so very painful, that few patients have courage to submit to it, and few surgeons firmness to prosecute it. The consequence has been that in a great number of cases the use of the articulation to a greater or less extent has been lost. The introduction of etherization, by preventing the pain, gives us, in the opinion of Dr. Warren, the means of overcoming the resistance. By its aid he has restored the motion of a considerable number of ankylosed elbows, and has successfully applied the same measures to other joints, particularly to the shoulder and knee. This has now become his settled practice, with the results of which he is entirely satisfied. The inflammation consequent upon the forced movements of an ankylosed joint, is not to be lost sight of. By a reasonable abstraction of blood, and other anti-inflammatory treatment, he has never found it alarming."*

My respect for the distinguished surgeon whose opinion is here given, does not permit me to question the correctness of his practice; but I cannot avoid a belief that his language does not convey a precise idea of his views. If he intends to say that he would move the joint freely, when it is suffering from acute inflammation, and when motion occasions great pain, I must protest against the practice as likely to do vastly more harm than good in any case; but if he would move the joint from the first, when the inflammation and swelling are trivial, and when it occasions only an durable amount of pain, then his views are just and his practice worthy of imitation.

MAYO'S EXPERIMENTS ON THE FIFTH NERVE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Will not you, or some one of your correspondents who has in his possession the Physiological works of Mayo, give to the profession an abstract of his experiments on the fifth nerve. The premature but general concurrence in the doctrines of Sir C. Bell, have rendered it somewhat difficult now to ascertain on what they are grounded. Unless one happens to have in his possession, or ready of access, the journals of that time, he may look in vain among the publications of the present day for satisfactory information on this subject. Of all the physiological works published and republished in this country, there is not one that furnishes the facts which will enable the student to judge for himself in regard to the most important doctrines of the nervous system. If he looks into Carpenter for the nerves of deglutition

* Transactions of the American Medical Association, vol. i., p. 174.

and of respiration, he is told by him that Dr. Reid has proved that the glossopharyngeal and the pharyngeal branches of the par vagum are respectively the sensitive and motor nerves of the former function, and that the superior and inferior laryngeal are in like manner the sensitive and motor nerves of the larynx; and he is obliged to hunt up the experiments in the *Edinburgh Medical and Surgical Journal*, before he can find out that Dr. Reid has proved no such thing. Again, being well aware that the experiments on the fifth, were those mainly relied on to prove the doctrine of Bell, the conclusions drawn from them being extended by analogy to the spinal nerves, he looks into Todd and Bowman, hoping to find a fair statement of the important points. There he is referred to Mayo's experiments as the most conclusive, and is told that division of the two superior branches "produces loss of sensibility without paralysis, *leaving only such an impairment* of the motor power as destruction of the sensitive nerves invariably produces, by impairing the power of exact adjustment, for which a high degree of sensibility is necessary." Now, why could not these gentlemen, instead of deciding for their readers, have furnished the means by which they might decide for themselves, whether a sensational power merely was lost, or a power of muscular contraction? If the alleged discovery of Bell is so magnificent an affair as it is pretended to be, surely no text book on the subject can be regarded as complete which does not afford to its readers the means of appreciating its truth. For myself, having been in the habit, whenever I have met with positive statements followed by such qualifications as is expressed in the italics above, of following them out to their ultimate grounds, and of finding them change their aspect entirely; I now have a sort of acquired instinct of suspecting, when one of them occurs, that "thereby hangs a tail," and suspend my acquiescence in the author's views accordingly. There are not less than four muscular parts, viz., the eyelids, the iris, the lips and the tongue, which receive branches from the so-called sensitive portion of the fifth nerve, whose motions cannot be consistently explained without supposing this nerve to be instrumental in effecting them. And there can be little doubt that if the experiments of Mayo could be interpreted without the aid of a foregone conclusion, they would prove the same thing. But whether they do or not, as one of your readers I should be obliged by seeing a fair statement of them.

B. H.

LUNATIC ASYLUM AT GHENT.

THE traveller passing from Holland into Belgium observes a very marked change in the aspect of the country, the towns, and the domestic peculiarities of the people; which contrast is, upon the whole, not very favorable to the Dutch. He sees the ubiquitous

canals, the bowling-greenlike flatness, and the swampy meadows of the former, give place to neatly trimmed hedge-rows, wooded slopes, and well-tilled fields, covered with luxuriant crops, which have been cultivated with all the laborious attention usually bestowed on gardens. He exchanges clumsy Dutch churches for splendid cathedrals, which are the noblest monuments extant of mediæval Gothic architecture; whose exteriors exhibit, on window, tower, and portal, the most delicately executed devices of mason-craft; whose interiors are adorned by the alter-pieces of Rubens and Vandyke, and by the carvings in wood and marble of Verbruggen and Geerts. In domestic architecture, also, instead of the neat but formal dwellings of Holland, he finds, in every street, houses as picturesque as those which we see in the paintings of the old Flemish schools—with quaint projecting gables, high-peaked roofs, and richly sculptured windows—and in every town, municipal edifices and princely palaces of the most imposing and venerable appearance.

This is peculiarly true of the delightful old city of Ghent, whither I went, by way of Antwerp, after leaving Utrecht. My principal object in halting here was to visit the eminent psychologist, Prof. Guislain, and to see the lunatic asylum under his charge. There is a small university here, founded by William I., King of Holland, in 1826; but it need not detain us, as it is not of any very great repute as a medical school—in fact, the most celebrated of its teachers is Dr. Guislain. This physician is acknowledged to be one of the best modern authorities on insanity; his highly esteemed works are now regarded as standard treatises on this particular branch of medicine, possessing, as they do, three most important essentials for every medical author—acute observation, vigorous and logical thinking, and a clear, graphic style. His "*Leçons Orales*," in particular, are distinguished by their breadth of general conception, and their pleasant colloquial style—so that, in psychological literature, they hold a place somewhat analogous to that occupied by Graves's *Clinical Lectures* in general medicine. To my great disappointment, I did not see Professor Guislain, as he had been obliged at that time to leave Ghent for a few months, in order to recruit his health by a change of air and scene. His assistant, Dr. Ingels, who is the resident physician of the asylum, received me most courteously, and showed me the establishment in all its details.

The *Maison des Aliénés* stands in a pleasant open situation, a little way outside of the town, in the midst of waving corn-fields, and flanked by a long array of busy wind-mills. It is a large edifice, built of red and white bricks, after an elegant castellated design, only one story in height, and enclosing within its walls numerous courts and airing grounds. This institution is exclusively devoted to the treatment of male patients, of whom there were 292 at the time of my visit; but there is another asylum in the town, which is not so large or so handsome, but which is also under the direction

of Professor Guislain, where the inmates are solely females. The internal arrangements of this asylum are excellent; its corridors are lofty and clean; the dormitories are well lighted, cheerful apartments, which are kept fresh and healthy by an ingenious system of ventilation connected with the stove, by which a supply of fresh air is being constantly conveyed into the chamber, while, at the same time, the foul atmosphere is completely removed. The patients are arranged in the building according to their mental condition, being classified as (*a*) tranquil, (*b*) excited, and (*c*) more excited. The system of treatment adopted is that of rational kindness, with suitable mental occupation; and partial restraint, by means of camisoles and bandages, is occasionally resorted to in cases where it seems indispensably necessary. In this respect, the mode of treatment at Ghent is much superior to that which I afterward saw in some of the asylums of Germany. Amusements of several kinds are provided for the patients, such as music, theatricals, etc.; but dancing is not allowed, as Guislain considers that it is invariably followed by increased sexual excitation, which aggravates the mental condition of the sick.

The patients here are all *pauvres*, with the exception of about a dozen, who pay 500 francs (L.20 sterling) annually, and have better accommodation. The chief causes of insanity among the inmates are drunkenness and misery; but hereditary predisposition can be traced in about 37 per cent. of all the admissions. Guislain has observed that in men the hereditary predisposition is more frequently derived from the male parent, while in women it comes from the maternal side. Some curious statistics of this asylum show that the greatest proportion of cures occur at the beginning of summer and the end of autumn. Thus 3 per cent. of all the cures are effected in April, 1 per cent. in May and June, and 2 per cent. in October. Melancholia and mania are the forms of insanity which are most frequently found to be most amenable to treatment here, especially when the patients are between the ages of thirty and forty.

The staff of the asylum consists of a resident physician, Dr. Ingels, and Professor Guislain, the superintendent, who comes from Ghent every forenoon to make his visit. The attendants are chiefly *Frères de Charité*—a religious order which exists in Belgium in great numbers. They are clothed in a long, black, monkish garb, and devote themselves entirely to works of mercy, such as attendance on the sick, &c. An analogous order of females, called the *Béguines*, numbers fully 6000 sisters in Belgium. Dr. Ingels informed me that these *Frères* were found to be quite as efficient as the paid attendants; but such is not the opinion which hospital physicians generally entertain of the value of the services of these brothers and sisters of charity. At all the hospitals, such as those of Munich, Prague, &c., where they are in attendance upon the sick, the medical men consider them far inferior to the ordinary

paid servants for general intelligence, and would very gladly be without them.—DR. A. M. ADAM's *Medical Notes from the Continent*, in *Edinburgh Medical Journal*.

Bibliographical Notices.

Selections from the favorite Prescriptions of living American Practitioners. By HORACE GREEN, M.D., LL.D., &c. New York: Wiley & Halsted. 1858. 8vo. Pp. 206.

The author of this work has been in the habit, for several years past, of asking of the various practitioners with whom he comes in contact, copies of those prescriptions which their experience has shown to be of real value. As the number whom he has thus consulted have equalled nearly one thousand annually, he has collected an immense quantity of formulæ, from which he has selected above two hundred and fifty for publication. We have examined most of these, and tried a few of them, and heartily recommend them all to the consideration of our brethren, believing that they contain many novel and useful combinations, and some of great value.

We could wish that Dr. Green had set the example of writing the formulæ in the English language, instead of the Latin. The latter is rarely used in this country for giving the directions to the apothecary, and in our opinion is unnecessary for expressing the names of the drugs. There is no longer an advantage in employing a foreign tongue in medicine, any more than in any other science. Above all, we deprecate those barbarous contractions which are so commonly employed in writing prescriptions, and which are still more out of place in a book of formulæ.

Our attention has been called by a correspondent to a number of errors in spelling. As this is a matter of some little importance, we quote the criticism entire; regretting, with him, that they should be allowed to deface a really good and useful book.

"This seems to be a valuable collection of useful recipes, and by many it will be hailed with peculiar satisfaction. I have a word to say of the writing of the prescriptions, so far as spelling is concerned. Open the work at page 194, and the eye falls on the word for camphor, written in the genitive case 'camphori' (R. 246), and also 'camphoræ' (R. 247). Open again at page 154, and the same word appears twice with the genitive in i (Rs. 187 & 8), and once with it in æ (R. 190). In all, I find this word written 'camphori' eight times, and 'camphoræ' six times. Is there any excuse for this? Do tell us where camphori is 'made.'

"*Hyoscyamus* is correctly written repeatedly, but three times it is written 'hyosciamus' (Rs. 114, 116 & 131).

"*Sassafras* (I suppose it must be), is abbreviated thus, 'sassif.' (R. 111).

"The recipe (No. 117) for Dr. John Ware's famous dinner pill has *scammony* spelled thus, 'scamman.'

"*Nux vomica* is in R. 154 'nucis vomici,' although in R. 42 the genitive is rightly in æ.

"'Zinziberis' occurs four times (R. 29, 31, 41 & 83): 'zinziber.'

once (R. 64); 'zinziberi' once (R. 113); 'zingiberi' twice (R. 174 & 208). As we find the word for ginger no where written correctly, we *guess* this zinziber means ginger; otherwise it is some new remedy not laid down in the authorities.

"Creasote is twice written 'creosotii' (Rs. 219 & 220). We have seen nothing coming within two letters of this spelling.

"Guaiacum always did spell hard with us, and we feel a sympathy for any one who fails to get it quite right. Still, if it were going to be printed in a book, we would look after it closely.

"In R. 97 it is 'guiaci pulveris'; again, in R. 216, it is 'guiacaci pulv.'; verily the other *a* is here, but what a word!

"But this R. 216 is copied from Dewees on Females, and modernized pretty smartly. In the eighth edition the text is, 'R. Pulv. g. guaiac. opt., 3iv.; carbon. sod. vel potas., 3iss.; pulv. piment., 3i.; alcohol. dilut., lib. Digt. for a few days.' Dr. Green copies it thus: 'R. Guiacaci pulv., 3iv.; sodæ carb., vel potass., 3iss.; pimentæ pulv., 3i.; alcohol. officin., Oi. Mascera.'

"I am aware that the 263 recipes in this volume are from a great variety of pens, but in this last instance I give, no one is concerned but the author. I am sure he will regret to observe even one error in so good a book, and one so elegantly got up. I have noticed these little things in a work from so high a source, lest men of letters should be allowed to infer that, even in the hands of the most 'distinguished,' medicine is a science of glorious uncertainty. F."

The Uræmic Convulsions of Pregnancy, Parturition and Childbirth.

By DR. CARL R. BRAUN, Professor of Midwifery, Vienna. Translated from the German, with Notes, by J. MATTHEWS DUNCAN, F.R.C.P.E., Lecturer on Midwifery, &c. New York: Samuel S. and William Wood. 1858. 12mo. Pp. 182.

This volume comprises a single chapter of Dr. Braun's new textbook of Midwifery, and was translated and published on account of the originality of the author's views on the subject of the cause of the convulsions of child-bed women. According to Dr. Braun, these convulsions are commonly caused by a change in the urea which has been retained in the blood, or by retention of excremential extractive matter of the urine. He does not deny, of course, that convulsions may not arise at this period from other causes—such as defective elimination of carbonic acid through the lungs, of bile from the blood, or from meningitis, encephalitis, apoplexy, and many others, but he maintains that the "eclampsia vera puerperalis" is, as a rule, found to be intimately connected with diabetes albuminosa; that is to say, convulsions which occur under other circumstances are not true puerperal convulsions.

After a full description of the symptoms of the convulsions, the author states that the fits are sometimes preceded by certain signs, as headache, vertigo, delirium, heat of skin, impairment of vision, tinnitus aurium, &c. &c., but the most constant phenomenon is œdema, chiefly of the ankles, feet and labia majora, but also in the face and hands. "Only those œdemata of pregnant women," however, "which exist contemporaneously with albumen, fibrin cylinders, and fatty degenerated scales of Bellini's epithelium in the urine, have a connection with uræmic eclampsia." The amount of albumen contained in the

urine is large, while the urea is diminished, or even altogether wanting. The uric acid is also ordinarily in small quantity. Fibrin cylinders are found in the sediment, except when the urine is alkaline.

With regard to the cause of the phenomena of uræmic intoxication, they do not arise, according to Dr. Braun, from the presence of urea in the blood merely, since filtered urine, injected into the veins of animals, has been tolerated without evil consequences. He adopts the views of Frerichs, that the convulsions arise from the transformation of the urea, accumulated in the blood, into carbonate of ammonia, under the influence of some peculiar ferment; but the cause of this fermentation is not, as yet, known.

We pass over much that is interesting and instructive in the volume, to glance at the subject of treatment. The prophylaxis, which is that applicable to Bright's disease, consists in nutritious diet, vegetable tonics and preparations of iron. Benzoic acid, lemon-juice or tartaric acid is recommended, to neutralize the carbonate of ammonia in the blood. The bowels must be carefully regulated. Diluents may be given to wash away the cylindrical clots, and when these are not sufficient, and uræmic intoxication is threatened, the mineral waters of Selters or Vichy (alkaline) are recommended. The induction of premature labor is advised when the symptoms are such that life is threatened. During the attack, the effects from "chloroform-narcotism" surpass all expectation. Ice should be applied to the head. The author is adverse to the abstraction of blood.

We have touched upon a few points only of this interesting book, which we strongly recommend to the perusal of every practitioner. We would say, in conclusion, that the translation is extremely well done, and that the notes of Dr. Duncan add materially to the value of the work.

The price of this edition is 75 cents, "free of postage."

The Animal Kingdom considered Anatomically, Physically and Philosophically. By EMANUEL SWEDENBORG. Translated from the Latin by JAMES JOHN GARTH WILKINSON, M.R.C.L. Vols. I. and II. 8vo. Pp. 758.

THE name of Swedenborg is now a pretty familiar one, and, viewed as a mystic or spiritualist in theology, his doctrines, or what are considered so, are commented on freely. Yet his writings are read by few—scarcely, indeed, by any except those adopting his theological views, and to most even the scope and interest of these are but little known. With them, amounting now to more than thirty published octavo volumes, we have nothing to do. His scientific writings, as voluminous as his theological ones, exhibit a scope and depth of research, an amount of learning, a habit of patient investigation, of close observation and luminous ratiocination, which, in our opinion, rank him in the highest order of minds, and amongst the highest there. Receiving, at the outset, a fine education, for the first years of his life he devoted himself chiefly to mathematical and physical science, and a high appointment as Assessor of the College of Mines gave him every opportunity of pursuing his investigations of the latter to its most practical and mechanical results. His works on these subjects, published not only in Sweden but in Germany, amount to some eight folio volumes. His merits as a man of learning, and his actual

achievements as a practical man, were rewarded at an early age by a patent of nobility. A deep religious sentiment, extraordinary purity of character and great simplicity of life, equally distinguished him. At the age of 57, his theological views absorbed him greatly, and ten years after he resigned his office of Assessor that he might give himself up more unreservedly to them. His salary, however, was continued to him, and an advancement of rank and title offered, which latter, however, he declined. To study man in his highest form and spiritual relations, he felt he must first thoroughly acquaint himself with his subject in its lowest form and most outward bearings—a necessity which, we often wish, could be impressed upon the teachers of religion in the present day. This led him into investigations of which the work we have under consideration is one of the results. Too late in life to make dissections and experiments for himself, Swedenborg availed himself of the best treatises that Anatomy, and what there was then of Physiology, afforded him, and he certainly went to those to whom the highest rank is still accorded amongst the great naturalists of the last age. Heister, Winslow, Swammerdam, Malpighi and Boerhaave, are of the set he deeply studied, and who have furnished him with ample quotations on each subject he entertains. Giving extensive extracts from the descriptions furnished by these writers, he then proceeds to an analysis of the organs, premising, "The use or effect which produces the end, must be the first object of analytical inquiry. The nature of a member or organ is known from the use. The use determines what the organ is in itself or in its own form." This quotation will furnish a key to much that follows, and for which his translator claims so much for Swedenborg to the disparagement of all other physiologists, who, he asserts, have adopted synthesis as a sole means of elucidating the mysteries of physiology. The claim and the charge are both simply absurd. It is evident that neither means alone is sufficient for the purpose. The functions of some organs can be illustrated by one process, those of others by the other; but in dealing with most, we want alternately the use of both analysis and synthesis, and proof would be lacking without a corroboration of the one by the other. We cannot, of course, go into the details of this extensive work—wonderful in the amount of research it displays, and for the closeness of the reasoning, though upon data furnished by others. This latter often leads the author to inductions, the truth of which is now fully acknowledged, and to the assertion of the existence of processes and phenomena which never could have been witnessed by him, but which subsequent researches have shown beyond doubt. The most striking of these is that motion of the brain coincident with respiration—expanding at expiration, and sinking or contracting at inspiration. The first notice of this is attributed by Blumenbach, in his Physiology, to Schlitzting, who described it in 1744. But in the work before us, published in 1740, we find it mentioned several times as a phenomenon that must occur from the relation of the parts. As an offset to the closeness of reasoning so largely displayed, the work exhibits as largely a play of imagination which it is often difficult to follow, and gives many assertions resulting from this which more than a century of observation has failed to corroborate. As to the use of publishing the work, and of re-printing it in this country, we cannot see it. In its original Latin, it sufficed for the curious; in its English dress it can never serve the purposes of the

student in anatomy or physiology, and the general reader going to it for information would be soon hopelessly entangled in its intricacies of assertion and induction, if he were not sooner frightened and driven back by the mass of facts, often false, or at least speculative, so accumulated at every step in his pathway.

The "introductory" remarks by the translator (James John Garth Wilkinson) require a short notice. We must say that we have never seen a more thorough farrago of ignorance, wilful misrepresentation, impudence and self-contradiction than this same introduction. How a man could be admitted as a member of the Royal College of Surgeons, who shows so little knowledge of some familiar points as does J. J. G. W., we cannot understand. We thought at first that the American re-publishers had had the good sense to leave the "Introduction" out, but turning over the leaves we found it—why, we cannot tell—stuck in between the first and second volumes; possibly the best place, except the end, for such an "Introduction."

W. E. C.

Journal of Practical Medicine and Surgery, founded by LUCAS-CHAMPIONNIER, M.D. Edited by H. CHAILLOU, M.D. American Edition, translated from the French, under the direction of the Editor, by D. McCARTHY, M.D., and A. SPIERS, Ph.D. Published monthly, in Boston, by A. Williams & Co.

MESSRS. WILLIAMS & CO. have announced an English translation of this Journal, with the reputation of which, many of our readers, no doubt, are already familiar.

It is essentially practical, and especially valuable to its readers in presenting a summary of all the cases of importance which occur in the schools and hospitals of Paris, as well as those in private practice.

The Translators are both well known as eminent men; one as a physician of great distinction, the other as a professor and lexicographer. We cite a case from a recent number:

"A young lady, of 21 years of age, was seized, after exposure to damp cold, with sore throat and complete loss of voice. Under the influence of appropriate treatment, the angina soon ceased, but the aphonia persisted, with extreme pertinacity. The most energetic treatment, local cauterizations, the exhibition of steel, antispasmodics, strychnia, &c., were resorted to in vain. This state had lasted a year, when Dr. Philipeaux being called in, deemed it expedient to try electricity. For this purpose, he placed two humid conductors on the fore part of the neck, one above the thyroid gland, the other on a level with the crico-thyroid space; but after eight attempts he obtained no improvement. He then thought it advisable to suspend the use of electricity and to amend the constitution by the aid of steel and a stimulating regimen. The patient was sent into the mountains of Dauphiné, and returned in the month of August, in a satisfactory general state of health, but still affected with loss of voice. There had also been several nervous fits of a hysterical nature; electricity was then again resorted to. The conductors were placed, as previously, in front of the neck, and after eight attempts no result had been obtained; but Dr. Philipeaux, having inserted a conductor into the pharynx, in order to act on the recurrent laryngeal nerve and on the muscles of the larynx, while the second conductor was placed outside, on a level with the crico-thyroideus muscle; scarcely had the electric

current been established when the patient uttered a piercing cry, and was seized with a nervous fit, which lasted all the evening and a part of the night. On awaking, she recognized with joy that her voice was restored, and that she spoke with as much facility as before her illness, and the cure was a permanent one.

On Amputation by a Long and Short Rectangular Flap. By THOMAS P. TEALE, F.L.S., F.R.C.S., Surgeon to the Leeds General Infirmary. London : John Churchill. 1858. 8vo. Pp. 72.

The advantages which the author of this work considers to be derived from his method of amputating, is to secure a stump which will bear the pressure of the body without pain, since, "as a general rule, it may be stated that the circular and transfixion stumps are not able to bear even the lightest pressure on their extremity," owing chiefly, as he thinks, to the presence of nerves in that part of the tissues which is beneath the extremity of the bone, and which is usually adherent to it, and is the most tender part of the stump. Mr. Teale proposes to make a long flap, to fold over the end of the bone, and formed of parts generally devoid of bloodvessels and nerves, and a short flap containing these important structures. "The size of the long flap is determined by the circumference of the limb at the place of amputation, its length and breadth being each equal to half the circumference. The long flap is therefore a perfect square, and is long enough to fall easily over the end of the bone. In selecting the structures for its formation, such parts must be taken as do not contain the large bloodvessels and nerves." This flap will generally be taken from the anterior aspect of the limb, while the shorter one, containing the chief vessels and nerves, is from the posterior part, and is in length one fourth of the long flap.

This method of performing amputation has been employed in 56 cases, 7 of which proved fatal, or 1 in 8. Of the amputations of the thigh for disease, 3 out of 17 cases were fatal, or nearly in the proportion of 1 in 6, the mortality in the London hospitals being 1 in 4. Of 27 amputations of the leg for disease, only one was fatal, the proportion of deaths in the London hospitals being 1 in 3 $\frac{1}{2}$.

We commend this little work to the careful attention of the surgeon, believing that Mr. Teale's method of amputation is based upon sound reasoning, and that it has proved successful in practice.

A Course of Lectures on Obstetrics. Delivered at St. Mary's Hospital, London, by WM. TYLER SMITH, M.D., M.R.C.L. With an Introductory Lecture on the History of the Art of Midwifery, and copious practical Annotations, by AUGUSTUS R. GARDNER, A.M., M.D., &c. Illustrated by 212 Engravings. 8vo. Pp. 780.

EVEN as far back as the days of the Preacher, he remarked "of the making of many books there is no end," and the experience of every day illustrates the truth of the remark—but we think it high time that there should be an end of it, and the book before us is one, nine-tenths of which might have remained unmade, without loss or harm to any one. The name of Dr. Tyler Smith is of itself a sufficient guarantee for the excellence of any thing he offers, and we do not doubt that the class to which these lectures were delivered was greatly instructed and benefited by them. Its members got their information from a first-

rate source—they had their choice, and they paid their money—but why should such a choice be offered to the public at large, when there already existed so many works on the same subject to choose from? It may be answered that Dr. Smith has certain individual and peculiar views. This we know, and have enjoyed the benefits and advantages of them as well as of numerous lucidly stated cases, in the pages of the journals of the day. Had he collected these, and given them to us in a moderate sized octavo—all full of new meat, we would not complain; but we do think it hard that, to get at what is new, we have to plod through more than seven hundred pages, chiefly aggregated of old stuff which we have gone over or through twenty times before. We feel tired of diagrammatic pelvis, having impossible foetid skulls set into them in every possible position. There was a novelty in them in Mauriceau's and old Smellie's book, but when the same series is drawn out before us in Merriman, Dewees, Clutterbuck, Davis, Ramsbotham, Churchill, &c., it becomes somewhat fatiguing. In sober earnest, it is no small thing of which we complain. When we saw Churchill's admirable book, we felt that students were supplied with a ne-plus-ultra manual for at least thirty years; for with that and Ramsbotham, every want seemed to be met; and we again repeat our regret that we have not what is really and purely of and from Dr. Tyler Smith, served up in an accessible and convenient form by itself. We have not seen the English copy of this work; of the getting up of the American, we have not much to say. The letter press is admirable, but the illustrations can scarcely be considered good specimens of wood cuts. In some it requires an old familiarity to make out the parts.

Were we to cite any particular excellence of the book at large, it would be the minute particulars into which Dr. Smith goes upon points that minds of less scope and of less practical tendency would call trifling. He seems to think—and very truly, in our estimation—that nothing is unimportant that will tend in the slightest degree to the success of his art and to the comfort and well being of his patient. This is as it should be. As with the physician, no act he is ever called on by his profession to perform, ignobles him; so no care or particularity which his patient's good requires, should belittle him. The proper trimming of a finger nail may enable him to save life—which we once saw risked by the operator having indulged in the habit of biting his close, and being unable to catch up a ligature. We are rather gratified at having commenced shaving with the left hand on the day we commenced the study of medicine. It has made us surgically ambidextrous. These things, small and simple as they are, students do not know intuitively, though the writings of many, so meagre are they in details, would lead one to suppose that they did, and much more too. We therefore commend highly Dr. Smith's minuteness, though he does not go as far as Dr. Dewees, whom we have seen make a bed before the class to show them how it was to be done. The chapter on puerperal fever we are glad to see sets forth, with all earnestness, the views which obtain amongst us here as regards its contagiousness, and the precautions which should be adopted by those encountering it and having other patients in charge. We find also that Dr. Smith estimates the tampon, in uterine haemorrhage at a late period, as worthless or worse. This has always been our view of it, but we have had several times to discuss the matter in consultations

where much authority was urged against us. Cases occurring early in professional life taught us a lesson, which it would be hard to unlearn, as to the treacherous insecurity of the measure. We should mention that Dr. Gardner has fairly earned his title as "Editor" by the amount of faithfully prepared matter which he has added, and always appropriately. We have, however, views not peculiar upon this jump-up-behind method, but will not discuss them here. W. E. C.

A Treatise on Diseases of the Air Passages, &c. &c. By HORACE GREEN, M.D., LL.D., &c. &c. Fourth Edition, revised and enlarged. With an Appendix. New York: Wiley & Halsted. 1858. Pp. 348.

This edition of Dr. Green's work—the fourth—is larger by several pages than the last—there having been occasion to add to the matter of the body of the book, and also to supply an Appendix, which sets forth certain of the opinions enunciated, by reliable authorities, upon the subject of topical medication of the larynx.

The direct medication of the air-passages is now a recognized and valuable means. We have lately referred to the use of nitrate of silver in croup, applied through the trachea-tube—and practitioners everywhere have long been familiar with the use of the sponge-probang. Many, also, have used the syringe to effect analogous intentions.

We think Dr. Green deserves all the credit he has acquired, for so perseveringly bringing the subject to the attention of the profession in this country. His assertions have also been alike contested, and appreciated, abroad. In former notices, we entered more into detail upon the subject. At present, we need only testify to the general good appearance of the volume, and chronicle its success in attaining to a fourth edition.

We cannot but remark—in passing—a continuance of that inaccuracy in the language of prescriptions, with which the author has, more than once, been charged—both in this work, and in his other, upon pharmaceutical preparations and magistral prescriptions.

To some this may appear a slight matter—and it is possible that hasty proof-reading may be credited with a portion of the errors. We think, however, that correctness and neatness in prescribing, and in writing or printing prescriptions, is very essential; and, in respect to proof-reading, it should always be deliberate and careful.

The volume is one of interest and value to the practitioner; and will doubtless meet with as ready a sale as it has in former editions.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 30, 1858.

"THE PURITY OF MEDICINES"—A VOICE FROM NEW ORLEANS.

The *New Orleans Medical News and Hospital Gazette*, referring to certain remarks upon the above subject, in our issue of October 28th, takes us sharply to task for presuming to say that one medical journal had commented "with unnecessary harshness" upon certain late proceedings and "short-comings" of Messrs. Tilden & Co. We did

refer to the New Orleans journal—as it surmises—but certainly in no unkind spirit—and we are somewhat surprised at the tart tone which it has seen fit to use toward us in the matter. There is, to our mind, no special offence committed by expressing an opinion of the sort we did. Honestly believing that there is a great difference between severity and harshness, we thought the *News and Gazette* dealt with Tilden & Co. rather more in the spirit of the latter, than of the former. We are, moreover, always ready to exercise severity in rebuke, when it is demanded at our hands—as journalists—yet we desire always to choose our terms carefully. And not only in exposing a fault affecting our profession—whether committed by those in its ranks, or by others outside of them—do we intend thus to be careful of our language, but also in replying to the strictures of our editorial brethren, whenever we are so unfortunate as to incur them. With due deference, we do not think our New Orleans *confrère* was actuated by a similar feeling, when he prepared his rather lengthy article, founded upon our two or three words of what he is pleased to style “criticism.”

Whilst endeavoring to convey his idea of the “difference” between us and himself, he resorts to an illustration by the drowning process, &c.; thus—“If we drown a man in self-defence—that is, to keep him from drowning us—we would plunge him into deep and hot water; while our neighbor would gently roll him into shallow and milk-warm molasses and water.” Truly this is a somewhat singular manner of putting the question: we suppose it amounts to saying that our communication relative to Messrs. Tilden & Co. was too sweet and complacent—a sop thrown to Cerberus—or something of the sort. The term “neighbor” is also peculiar—since the *News and Gazette* does not allow itself to be near us in opinion, and certainly it is far off enough, actually. To drown a person, moreover, we think does not actually require “hot water”—and the suggestion is unpleasant—since we do not desire to be scalded, nor to be in “hot water” as the phrase is, with any of our brethren! “Molasses and water” would not have occurred to us as a liquid suffocating medium. Should we have occasion to employ it, we must, perforce, resort to some southern source of supply—since the only good samples of the first-named ingredient are derived from the warm latitudes.

Seriously, we do not see the great “difference” between the New Orleans journal and our own, after all. Our position is simply this: we condemned—as we think, with sufficient positiveness—the decidedly wrong action of Messrs. Tilden & Co. with regard to putting forth what they term an “improved” compound cathartic pill. We are as firm as ever in our condemnation of this course. With respect to other matters—such as the faulty preparation of their drugs—their deterioration, fermentation, &c., we gave fully as decided an opinion—but we said that we had had a personal interview with Mr. Tilden, and that he had assured us of certain forth-coming explanations, &c. In courtesy, then, we awaited these, and did not think ourselves called upon to go beyond our remarks as offered in this JOURNAL of the date of October 28th. We still think so; nor have we, as yet, any reason to suppose that Mr. Tilden will be false to his assertions then made.

The New Orleans journal also says—“We are sorry to find ourselves clashing with the Boston Journal on so important a subject as this, but that cannot be avoided, we suppose.” Now, we hold that we do

not "clash" at all. We are entirely of the opinion of the *New and Gazette*, as to abuses by pharmacists—of whatever nature, grade, or extent, they may be—we have simply differed in our terms of expression; and the reason of the "difference" very possibly lies in the fact that we have had the advantage of a personal interview with Mr. Tilden, which the editors of the New Orleans journal, we conclude, have not had. If we are disappointed in our expectations, we may, possibly, have more to say.

In conclusion, we may, without offence, we hope, suggest to the New Orleans journal that its closing paragraph is not couched in the dignified and just language which should, and which usually does, characterize its editorial columns. When it tells us that we "must not pout," we would remind it that the days of our *childhood*, both as individuals and journalists, are past; and when it adds, that it is "ashamed to see" us "saying half a word for Messrs. Tilden & Co.," who, "with all their wealth and advertising influence, should be able to fight their own battles,"—we would simply say that we have undertaken no defence, whatever, of Tilden & Co., but have, on the contrary, condemned what we deemed reprehensible in their proceedings; whilst we have also chosen, in all fairness, to wait, and give them a chance to speak in their own defence, which they have intimated an intention of doing.

A DECIMAL STANDARD OF WEIGHTS AND MEASURES.

The importance of a more convenient system of weights and measures than that now in use in this and most other countries, has been long felt, and from time to time suggestions have been made relative to the introduction of a new one. Of course, the difficulties in the way of so desirable a change are immense, and, in the opinion of many, insuperable. It is desirable that if a new system is to be introduced by one country it should be adopted by others, and it is easy to see that it would be almost impossible to devise a standard which would be likely to be accepted by two or more nations. If, however, we abandon the idea of a universal system, it does not seem impossible, or even extremely difficult, to introduce a more convenient one in our own country. The matter has been before the American Pharmaceutical Association for a year or two past, and will undoubtedly, before long, be made the subject of consideration by the American Medical Association.

At the last meeting of the Pharmaceutical Association, Mr. John Meakim, of New York, submitted a supplementary report, in which he proposes the adoption of the French system, with the omission of certain parts. Their weights consist of the milligramme, the centigramme, the decigramme, the gramme, the decagramme, the hectogramme, the kilogramme and the myriagramme, which are decimal multiples of each other. One obvious objection to this system consists in its nomenclature, which, besides being unfamiliar and unattractive, is liable to ambiguity, on account of the similarity between the words decigramme and decagramme. To obviate the latter objection, and for the sake of simplicity, Mr. Meakim proposes to use only the alternate weights, and to employ their initial letters, to represent them: thus, C. G. would stand for centigramme, G. for gramme, H. G. for hectogramme, and M. G. for myriagramme. The minimum weight

is equal to about one sixth of a grain, the gramme to about $15\frac{1}{2}$ grains, and the maximum weight about $22\frac{1}{2}$ pounds avoirdupois.

The French system possesses two advantages over all others: its standard is invariable, and its divisions are all decimal. In introducing it into this country there would be the great advantage of having it already made, instead of having to construct a new one. It could go into operation at once, as soon as a sufficient quantity of weights could be ordered from France. In the event of its adoption, we would recommend that it be even more simplified than Mr. Meakim proposes. Why use more terms than gramme and centigramme? These words correspond to *dollars* and *cents*, and we never hear of any other denomination in our currency, either in trade or in the keeping of accounts; dimes and eagles are practically ignored. It is as easy to say "a thousand grammes" as "a thousand dollars."

Mr. Meakim is in favor of abrogating altogether the use of measures of capacity among apothecaries, for various reasons—the measure of liquids varies according to temperature; it also requires considerable addition to show an appreciable increase, and hence costly liquids must always be estimated by weight; and viscid fluids require much time in their transfer from vessels of capacity. These reasons do not seem to us to have much weight, and the great convenience and saving of time gained by the employment of liquid measures, in the majority of cases, will probably cause them to be always retained. If the French measures should be adopted, Mr. Meakim recommends that a selection should be made, as in the case of the weights: retaining the centilitre, equal to about $2\frac{1}{2}$ fluid drachms; the litre, which is about two pints; the hectolitre, about 26 gallons.

In many scientific works in England, and also in this country, the French weights and measures are employed, and it seems probable that they will henceforward be very generally adopted in treatises on chemistry and physics. It is not easy to imagine a system which offers more advantages, on the whole, and we should be warmly in favor of their adoption. But we are aware that a vast amount of prejudice must be overcome before it or any other system can be introduced into America. It must be made the subject of careful deliberation on the part of scientific men and of Congress. We wonder that so important a change should not have been earlier and more generally contemplated.

Strychnia in the Adulteration of Alcoholic Liquors.—Dr. HENRI ERNI, in an article in the *Peninsular and Independent Medical Journal*, denies that strychnia is ever used for the adulteration of alcoholic liquors; 1st, because it would be detected by its intensely bitter taste, which is evident when dissolved in seven hundred thousand parts of water; 2d, because of its high cost; 3d, because it is a most dangerous poison, and one which, unlike most organic poisons, can be readily detected by chemical tests. With regard to malt liquors, Dr. Erni states that this poison cannot be introduced into them together with hops, since the tannic acid, which these always contain, precipitates strychnia completely, in the form of an insoluble compound. As a substitute for hops, it would be much less likely to be employed than aloes and many other bitter drugs, on account of its high price.

Dr. David Uhl, of New York, of "Cunningham" notoriety, died lately in Bolivar, Venezuela.

M. Cloquet's Resignation.—This well-known professor of surgery, at the Faculty of Medicine of Paris, has just resigned his post, on account of failing health. The Emperor, wishing to prove how highly the long services of M. Cloquet are appreciated, has appointed him honorary professor, with all the privileges attached to the office.

Much excitement exists among the surgical world of Paris, as the chair of surgery of the Faculty is declared vacant. That of anatomy will also have to be filled, and it may be foretold that the candidates for both will be very numerous. The faculty have the privilege of presenting to the Government a list, from which the professor is chosen. Formerly, these chairs were open to competition.—*London Lancet*.

Fetching the Doctor.—A few days ago, says a Munich letter, a female fainted in one of the streets of this city. An elderly gentleman, who approached the spot where she was lying, requested some of the persons present to go and fetch a medical man. They all replied that they knew not where to find one. "Well, then," he said, "I will go myself." And in a few minutes he returned with a doctor, who applied the proper remedies. The kind-hearted old gentleman was King Louis, of Bavaria.—*Ib.*

The Corsican Brothers.—"I once," says M. Troussseau, "had two brothers for clients, who were twins, very rich, and both directors de maisons de jeux célèbres. They were so like each other, that I did not know them apart. But more than this, they had a remarkable pathological similitude. Thus, one of them whom I saw at Nesthermes, suffering from a rheumatic ophthalmia, said to me, 'My brother at this moment must have an ophthalmia like mine.' And as I dissented to this, he two days afterwards showed me a letter from his brother, who wrote: 'I have my ophthalmia, thou must also have thine.' However singular this may appear, it is perfectly true; I have witnessed similar facts. These twins were also both frightfully asthmatic."—*Am. Druggists' Circular*.

The Archbishop of Vienna and Anatomical Dissections.—It would appear that this worthy prelate's brain is a little out of order; for he has just enacted that all persons dying in hospitals or other benevolent institutions, should be buried without any post-mortem examination. The consequence has been that for the last fortnight one body only could be procured for the requirements of the vast medical school. Joseph II. had authorized the dissection of the bodies of individuals who died in public establishments, but the archbishop has set aside the Emperor's decree.—*Ib.*

DR. AURELIUS HARLAND, a well-known English surgeon, long resident at Hong Kong, died in that city, Sept. 12th. He had resided at Hong Kong for 14 years, and gave much time to the study of Chinese medicine and physiology; was well acquainted with the Chinese language, and contributed sundry valuable papers on China to the archives of the Asiatic Society.

Health of the City.—The most striking feature of the mortality during the last two weeks is the excess of deaths of males over those of females. Thus, for the week ending Dec. 18th, the number of males who died was 33, of females 19. For the last week, the number of males was 40, of females 23. The mortality of the last week corresponds pretty exactly with that of the corresponding week of 1857, when the total number of deaths was 62—from consumption, 10; from pneumonia, 6; from croup, 4.

MARRIED.—At Warrensburgh, N. Y., Dec. 14th, John W. Dowling, M.D., of New York city, to Miss Minerva Russell, of the former place.

DIED.—In Chicago, Ill., Nov. 6th, Dr. George Bartlett Foster, formerly of Roxbury, Mass., 33.

Deaths in Boston for the week ending Saturday noon, December 23d, 63. Males, 40—Females, 23—Accident, 1—inflammation of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—carcer of the shoulder, 1—burns, 2—consumption, 18—convulsions, 4—cholera infantum, 1—croup, 3—diarrhea, 1—droopy, 1—infantile diseases, 4—epilepsy, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 2—hemorrhage of the lungs, 1—fluza, 1—intemperance, 1—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—sore throat, 1—teething, 4—unknown, 1— whooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 3. Born in the United States, 41—Ireland, 13—other places, 6.